

## **Indiana Foreclosure Prevention Network**

Network Agency Application – 2012/2013 Contract Year

1. Organization Name:			
2. Address:			
3. Website:	4. Phone:	5. Fax:	
6. Is the Organization Already an IFPN Network Agency? (Circle One)	Yes	No	
7. Is the Organization a Not-for Profit? (Circle One)	Yes	No	
8. Is the Organization a HUD Certified Foreclosure Counseling Organization?	Yes	No	
9. Does the Organization Receive Funding other than through the IFPN for Foreclosure Counseling Activities? (Circle One)	Yes	No	
10. If the Answer to Question 9 was Yes, please list other funding sources:			
11. Is the Organization Participating in Indiana's Hardest Hit Fund Program as an HHF Administrating Agency?	Yes	No	



12. If the Answer to Question 11 was No, Please List How HHF qualified homeowners will be referred to an area HHF Administrator:			
13. Executive Director:			
14. ED Phone:	15. ED Email:		
16. IFPN Administrative (Day-to-Day) Contact:			
17. Contact Phone:	18. Contact Email:		
19. Counties Organization will Provide IFPN Services in:			
20. List of Indiana HELPS Certified Forec 1. 2. 3.	<ul><li>6.</li><li>7.</li><li>8.</li></ul>		
4. 5.	9. 10.		



21. List of Partially Certified Foreclosure	Councolors	
1.	6.	
2.	7.	
3.	8.	
4.	9.	
5.	10.	
22. How Many IFPN Clients will the Organ (July 1, 2012 – June 30, 2013)?	nization Serve in 2012	2/2013 Contract Year
23. Does the Organization currently use the CounselorDirect system or does it plan on using it in the near future? (Circle One)	Yes	No
24. How does the Organization intend to counseling services in their area (face-to combination)? As well, what service area Organization plan to undertake during the referral volume?	-face, telephonically, a outreach activities,	group, if any, does the



25. How many IFPN clients will complete NFMC Level One Counseling in the contract year?
26. How many IFPN clients will complete NFMC Level Two Counseling in the contract year?
27. What will the Organization do with the additional 10% Administrative Program Support Funds for the contract year?

Please attach the following to this application:

- A one (1) page narrative as to the Organization's skills, abilities, and knowledge relating to the expectations and responsibilities of being an IFPN Network Agency.
- Financial statements for previous two (2) years, with at least one audited.

Mail this completed application and all supplemental information to the following address:

Indiana Housing & Community Development Authority Asset Preservation Department 30 S. Meridian Street, Suite 1000 Indianapolis, IN 46204

Attention: IFPN Network Agency Application

Applications received without all of the items listed above will be considered incomplete, and will be withdrawn from consideration. Applications must be received by June 6, 2012 to be considered for funding for the 2012/2013 contract year.



NOTE: IHCDA has selected personnel to evaluate applications.

This application is issued subject to the following terms and conditions:

- Each application will be evaluated on the information submitted, as well as the applicant's past performance in the IFPN.
- Respondents will be notified by mail or email of IHCDA's decision.
- Submitting this application does not guarantee that the applicant will be chosen as a Network Agency.
- IHCDA reserves the right to reject any applications, to waive any informality in the application process, or to terminate the application process at any time, if deemed to be in its best interest.
- Even if selected, an applicant will not be considered a "Network Agency" unless and until entering into the required contract with IHCDA.
- By submitting an application, each applicant waives all rights to protest or seek any remedies whatsoever.
- All applications received will become the property of IHCDA and will not be returned.